Mansfield SIAG
Organisational partner application form

SIAG
SOCIAL INCLUSION ACTION GROUP

Full Name:	
Address:	
Phone number:	
Email:	
Organisation name:	

What experience or skills do you have which will be of assistance to the Mansfield SIAG (Social Inclusion Action Group)? Required (for example community connections, involvement in networks and groups)

What can your organisation bring to the Mansfield SIAG (Social Inclusion Action Group)
Do you identify as or have personal experience with any of the following?

☐ A person with a disability

☐ Culturally and linguistically diverse

☐ LGBTIQA+

☐ Aboriginal or Torres Strait Islander

☐ Mental ill-health

☐ Addiction

☐ Social exclusion and or/isolation

☐ Discrimination